

Post-Acute Care Utilization Management Program

John's Hopkins Health Plan

Provider Orientation

EviCore
By EVERNORTH



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Agenda

- **Post-Acute Care Program Overview**
- **Prior Authorization Requirements**
- **Submitting Prior Authorization Requests**
- **Prior Authorization Outcomes & Special Considerations**
- **Transitional Care Program Overview**
- **Provider Resources**
- **Provider Portal Overview**
- **EviCore Portal Registration**
- **Creating and Searching Cases**
- **Q & A**

Post-Acute Care Program Overview

EviCore by Evernorth PAC Program Overview

EviCore will accept initial and concurrent benefit preauthorization request for member admissions to the following Inpatient Post-Acute Care (PAC) facilities:

Precertification applies to the following services:

- Skilled nursing facilities (SNF)
- Inpatient rehabilitation facilities (IRF)
- Long-term acute care facilities (LTAC)

- Hospitals are responsible to submit the initial post-acute care prior authorization request
- PAC facilities (listed above) are responsible to submit date extensions (PAC concurrent review)
- Custodial Care does not require prior authorization by EviCore and will continue to be managed by JHHP
- Once the patient is discharged from the post-acute facility, the patient will be referred to JHHP for continued care management services
- If a member is transferred to the hospital directly from a PAC facility and stays >24 hours, a new prior authorization is required and should be requested by the hospital prior to discharge

Prior Authorization Requirements

EviCore Prior Authorization Requirements

EviCore manages all Inpatient Post-Acute Care (PAC) preauthorization requests for John's Hopkins Health Plan (JHHP) members enrolled in the following programs:

Medicare
• Advantage MD
Medicaid
• Priority Partners



To verify eligibility and benefits:

Providers should verify member eligibility and benefits on: [Johns Hopkins Health Plans - connect Sign In](#)

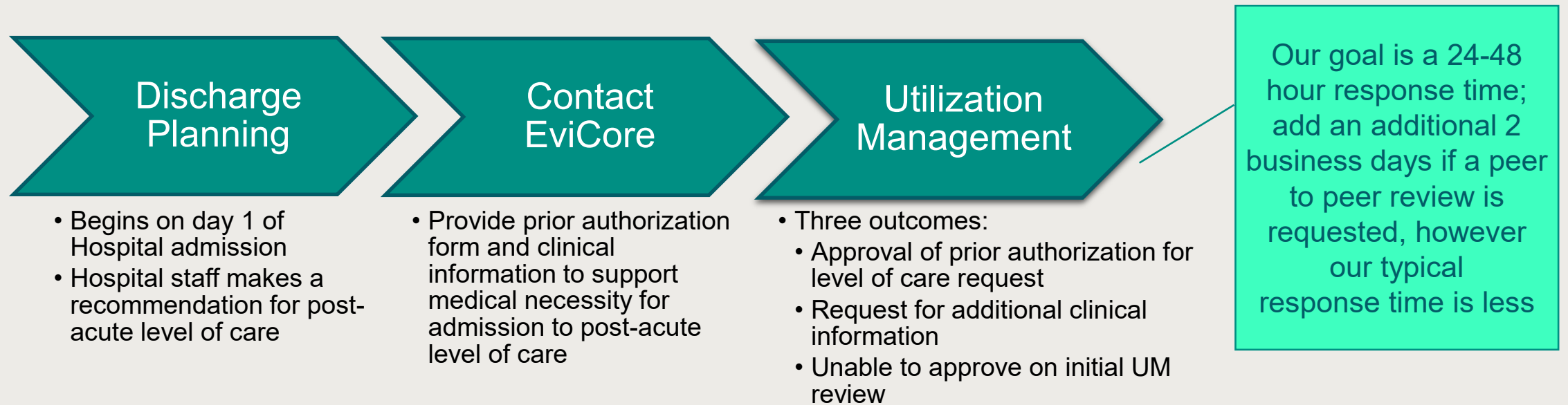
- Eligibility may also be verified on the EviCore provider portal: [Homepage | EviCore by Evernorth](#)

Initial Post-Acute Care Admission Requests

Pre- Authorization Overview

Hospital initiates prior authorization requests:

- The hospital is responsible to submit post-acute care prior authorization requests, unless the post-acute care facility (i.e. IRF) has the same NPI or Tax ID #
- EviCore requests that you start the process as soon as possible to facilitate a timely pre-authorization determination



Post-Acute Care Facility Prior Authorization Overview

EviCore will provide prior authorizations by facility type in the following ways :

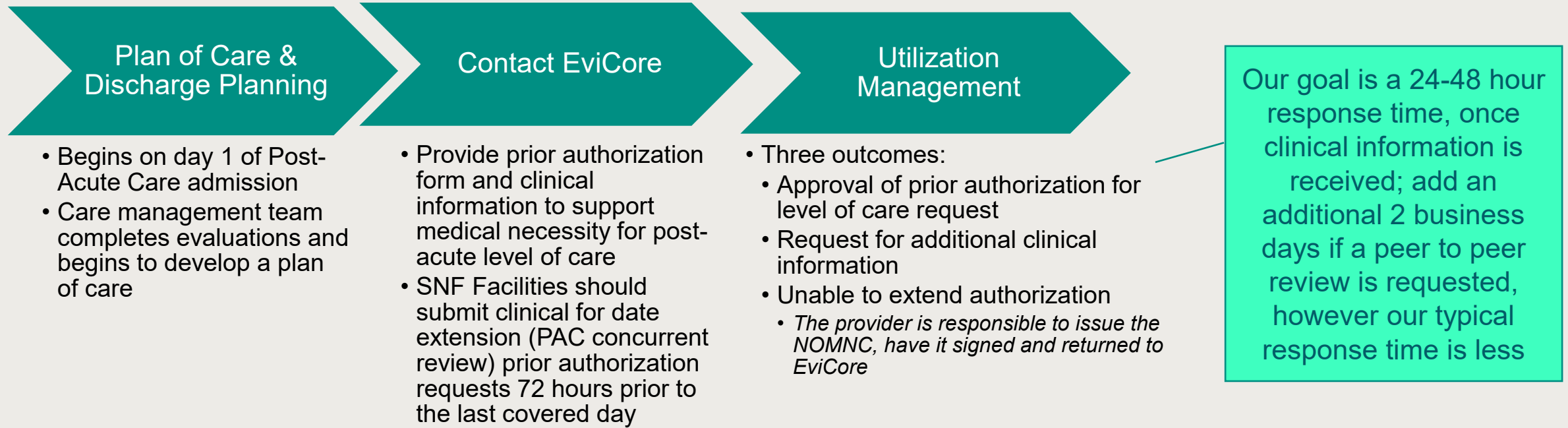
Prior Authorization	Skilled Nursing Facility	Inpatient Rehab Facility	Long Term Acute Care
Initial	5 business days	5 calendar days	5 calendar days
Concurrent	7 calendar days	5 calendar days	7 calendar days

- **Prior Authorization Expiration**
 - The initial prior authorization expires 7 days from the date of issue
 - If the patient is not discharged within this time frame, a new prior authorization is required
- **Once Determination is Complete:**
 - A notification will be communicated to the requesting provider
 - Servicing providers may obtain prior authorizations via the EviCore web portal or by calling EviCore at: **866-220-3071**
- **Post-Acute Care Prior Authorization Criteria includes, but not limited to:**
 - The applicable benefit plan manual and McKesson IQ Guidelines
 - Medicare Benefit Policy Manuals & Clinical Findings

Date extension (PAC concurrent review) Requests

Overview

- The PAC facility is responsible to submit date extension (concurrent review) requests
- EviCore requests that you begin the date extension review process as soon as possible to facilitate a timely 'extension of prior authorization' determination



Rationale for Hospital Submission of PAC Precertification Requests

- **Appropriate Level of Care Determination:**

- Hospitals present the most accurate clinical status for discharging patients
- Engagement with discharge planners to determine appropriate level based on medical necessity
- Patient-Centered alternative PAC setting recommendations
- Hospitals are encouraged to submit an authorization request at the same time they are sending clinical to a PAC facility to obtain a bed. The authorization for PAC is tied to the level of care, not a specific facility.

- **Coordinated Post-Acute Care Placement:**

- Proactively identify facility for optimal outcomes and patient experience
- Early initiation of plan of care with goals and risk assessment by EviCore staff members
- Offer social work coordination to address discharge barriers

- **Medicare PAC Guidance:**

- Medicare's position on PAC placement provides guidance for the least intensive setting to adequately meet the patient's needs.

Post-Acute Care Prior Authorization Criteria includes, but not limited to:

- Medicare Benefit Policy Manuals (Medicare members only)
- MCG™ evidence-based care guidelines®
- Other Evidence-Based Tools

Submitting Prior Authorization Requests

Methods to Submit Prior Authorization Requests

EviCore Provider Portal (preferred)

The EviCore online portal is the quickest, most efficient way to request precertification and check status.

[+Homepage | EviCore by Evernorth](#)

Fax:

844.216.0198 - Fax can also be used to submit additional clinical information

877.791.4098 for concurrent review.

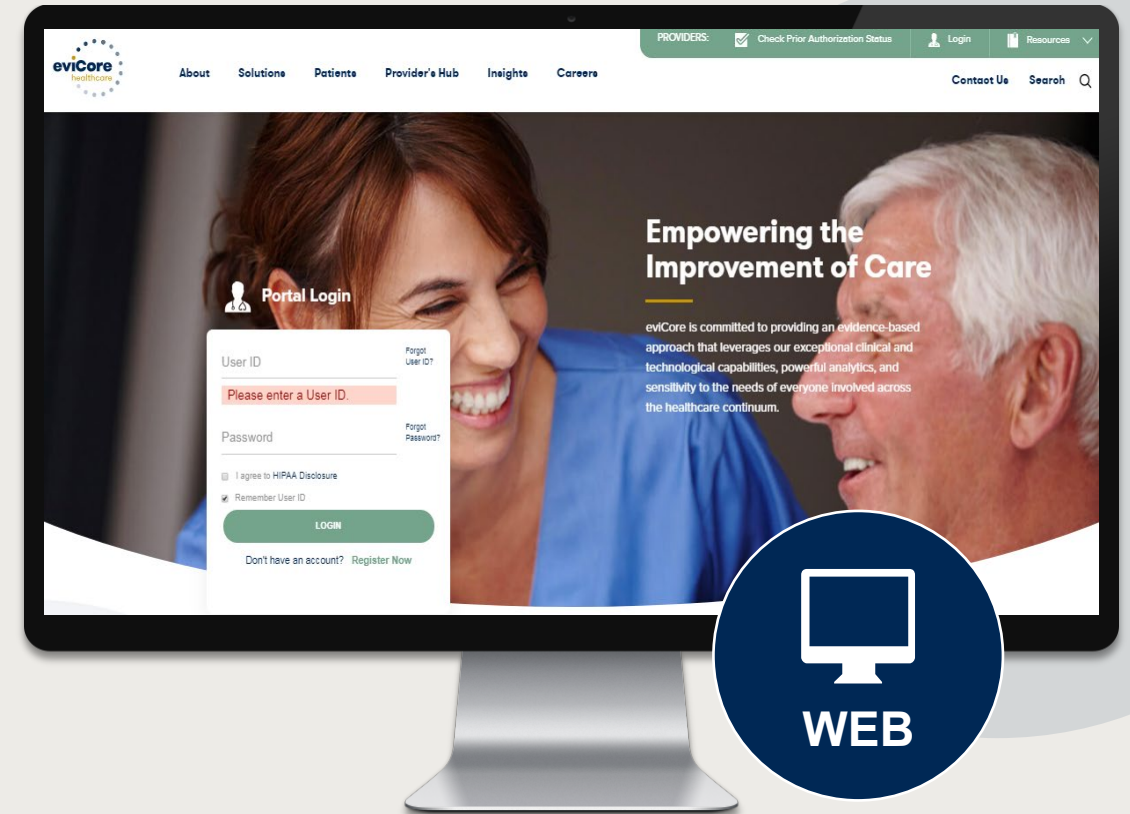
*Indicate case # when submitting additional clinical information

Phone:

866.220.3071

Hours of operation:

- Monday through Friday 8 a.m. to 7 p.m. EST
- Saturday 9 a.m. to 5 p.m. EST
- Sunday 9 a.m. to 2 p.m. EST
- Holidays 9 a.m. to 2 p.m. EST
- 24 hour on call coverage



Required Information for Initial Post-Acute Care Prior Authorization Requests

➤ Admission Details

- Referring facility name, name of case manager, contact phone and fax number
- Facility type being requested
- Accepting facility demographics (if known)
- Patient demographics
- Anticipated date of hospital, LTAC, or IRF discharge (if applicable)

➤ Clinical Information

- Hospital admitting diagnosis
- History and physical
- Progress notes, i.e., attending physician, consults & surgical (if applicable)
- Medication list
- Wound or Incision/location and stage (if applicable)

➤ Mobility and Functional Status

- Prior and current level of functioning
- Prior living situation
- Current therapy evaluations: PT/OT/ST (Within 24-48 hours of request)
- Therapy progress notes, including level of participation

Please note: EviCore prior authorization form and supporting clinical documentation are required for all post-acute care requests.

Required Information for Date Extensions (PAC concurrent review requests)

➤ Prior Authorization Details

- Facility name, name of case manager, contact phone number and fax
- Patient demographics
- Number of days and dates requested
- PAC physician demographics
- Anticipated date of discharge

➤ Clinical Information

- Hospital admitting diagnosis and ICD10 code
- Clinical Progress Notes
- Medication list
- Wound or Incision/location and stage (if applicable)
- Discharge summary (when available)

➤ Mobility and Functional Status

- Prior and current level of functioning
- Focused therapy goals: PT/OT/ST
- Therapy progress notes, including level of participation
- Discharge plans (include discharge barriers, if applicable)

Important: SNFs should submit clinical for date extension (concurrent review) prior authorization requests 72 hours prior to the last covered day to allow time for Notice of Medicare Non-Coverage (NOMNC) to be issued. The provider is responsible to issue the NOMNC to the member to review, sign and return to EviCore.

Prior Authorization Outcomes and Special Considerations

Prior Authorization Approval

Approved Requests

- Standard requests are processed within 48 hours **after** receipt of all necessary clinical information
- Authorization letters will be faxed to the requesting provider and can be printed on demand from the EviCore portal at [Homepage | EviCore by Evernorth](#)
- Customers will receive an authorization letter by mail



Prior Authorization Approval

Approved Requests

Two Potential Scenarios & Outcomes:

- 1. PAC facility known: prior authorization number issued to requesting and servicing provider
- 2. PAC facility NOT known: prior authorization number issued to requesting provider only
- 3. Initial Prior Authorization's are valid for 7 calendar days to help acute providers (hospitals) with discharge planning and to enable them to request authorization well before the expected acute discharge date.



Number of prior authorized days are provided by PAC facility type as follows:

Precertification	Skilled nursing facility	Inpatient rehab facility	Long-term acute care
Initial	Five (5) calendar days	Five (5) calendar days	Five (5) calendar days

Determination Outcomes: Unable to Approve/Alternate Recommendation

Unable to approve

- When a request does not meet criteria during nurse review, it goes to second-level MD review.
- If the MD is unable to approve the request based on the information provided, notification is made to the requesting provider.
- The provider is given the option to either send additional information to support medical necessity or schedule a clinical consultation.
- ***Important:** If this option is not utilized by the requesting provider within one business day, an adverse determination is made and the request is denied.

Alternate Recommendation

- The EviCore MD may also offer an alternate recommendation. The requesting provider can either accept or reject the alternate recommendation or schedule a clinical consultation.
- The ordering provider has up to 48 hours to accept the alternate recommendation.
- If accepted, the initial requested service will be denied, and the alternate recommendation will be approved.



Prior Authorization Outcomes - Adverse Determination



- When a request does not meet medical necessity based on evidence-based guidelines, an adverse determination is made and the request is denied.
- The Notice of Medicare Non-Coverage (NOMNC) will be issued no later than 2 calendar days prior to the discontinuation of coverage.
- In those cases, a denial letter with the rationale for the decision and appeal rights will be issued by EviCore to the ordering physician, requesting provider and customer.
- Adverse determinations letters can be printed on demand from the EviCore portal at [Homepage | EviCore by Evernorth](#).

Post-Decision Options: Priority Partners Members

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 3 business days from the determination date
- EviCore has 5 calendar days after receipt of the request to complete the determination
- Reconsiderations are not available once an Appeal has been initiated

Appeals

- EviCore will process pre-service appeals for Priority Partners
- A denial letter with the rationale for the decision and pre-service appeal rights will be mailed to the member and faxed to the ordering provider

Appeals (continued)

- Appeal requests must be submitted to EviCore within 60 calendar days from the initial determination
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an EviCore physician
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider
- Post-service appeals will be processed by Priority Partners

Post-Decision Options: Advantage MD Members

Reconsiderations

- Medicare cases do not include a reconsideration option

Appeals

- EviCore will not process member appeals, please follow the Johns Hopkins Advantage MD process
- Only members have appeal rights. A denial letter with the rationale for the decision and appeal rights will be issued to the member.
- A denial letter with the rationale for the decision and post-service payment dispute rights will be issued to the provider.

Clinical Consultation Requests

Unable to approve

- If we are unable to approve a request with the provided information, we offer clinical consultations with the referring physician and an EviCore Medical Director.
- A clinical consultation/peer to peer (P2P) may be requested by calling EviCore at 866-220-3071. Medical Directors are available for Clinical Consultations 365 days a year. The P2P must be requested within 1 day of the denial and must occur within 2 business days.
- Clinical consultations, after an *Unable to Approve* decision has been made, may result in either a reversal of the decision to deny or an uphold of the original decision.



Adverse determination

- For adverse determinations or final denials, providers can request a clinical consultation with an EviCore physician to better understand the reason for denial.
- Once a final denial decision has been made, however, the decision cannot be overturned via a clinical consultation.

Special Circumstances

Requests submitted after care has started

- EviCore will allow requests to be submitted with dates of service **up to 14 days** in the past for members who are still receiving care in a PAC facility
- These requests will be reviewed within 72 hours
- If the member has already discharged from the PAC facility (post service request), the request must be submitted to JHHP
- When a request does not meet medical necessity criteria, an adverse determination is made and the request is denied

Urgent prior authorization requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated by phone (recommended) or fax
- Urgent requests will be reviewed within 72 hours



Transitional Care Program Overview

Transitional Care Program Offering

Transition of Care Program (TOC) Overview

- EviCore will follow JHHP members upon discharge from the PAC facility to ensure oversight aimed at reducing hospital readmissions. The TOC team will follow members for a 90 day period post PAC discharge. The frequency of member contact is based on a set call cadence and is personalized based on nursing clinical judgment and conversation with the member. Only members who have had a hospitalization prior to the PAC stay will be part of TOC Program.

Key Program Objectives

- Readmission avoidance by educating members via informative telephonic sessions: (interactive voice response (IVR) system and live calls)
- Use of Bluetooth monitoring equipment when applicable. (Scale, pulse ox, BP cuff)
- Patient centric care plans based on an individuals needs
- Connect members with Primary Care Physicians when necessary
- Provide targeted transitional coaching based on disease specific health needs and EviCore risk assessment stratification
- Medication reconciliation with members
- Scheduling of MD follow-up appointments
- Social worker referral for psychosocial needs, community resources

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 866.220.3071

To reach a customer service representative, please call our call center at **866.220.3071** and **choose options 5,1** for post-acute care.

Then follow the additional prompts below to speak to the right person:

- Option 1: If you know your party's extension
- Option 2: For status of an existing request
- Option 3: To request a new prior authorization
- Option 4: For concurrent reviews
- Option 5: To schedule a Clinical Consultation
- Option 6: To request an appeal
- Option 7: For all other inquiries
- Option 9: To repeat these options

Note: If the start of care date on the post-acute care authorization changes, we recommend communicating this to EviCore to ensure the dates of service match the claim.



*To ensure you have a successful experience in reaching the desired representative, please **listen carefully to the phone prompts** when calling the EviCore authorization call center.*

Client & Provider Operations Team

Client and Provider Services

- Dedicated team to address provider-related requests and concerns including:
- Questions regarding accuracy assessment
- Requests for a precertification to be resent to the health plan
- Consumer engagement Inquiries
- Eligibility issues (customer, rendering facility, or ordering physician)
- Issues experienced during case creation

How to contact our Client and Provider Services team

Email: ClientServices@EviCore.com (preferred)

Phone: 800-646-0418 Option 4

For prompt service, please have all pertinent information available. When emailing, make sure to include “John’s Hopkins PAC health plan” in the subject line with a description of the issue; include customer, provider and case details when applicable.



Provider Resource Website

Client Specific Provider Resource Site

EviCore's Provider Experience team maintains provider resource pages that contain educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training Documents
- Frequently Asked Questions (FAQ) Documents
- Quick Reference Guides (QRG)
- Precertification forms

To access these helpful resources, please visit

[+https://www.EviCore.com/resources/healthplan/johnshopkinshealthcare](https://www.EviCore.com/resources/healthplan/johnshopkinshealthcare)



EviCore Provider Portal

Benefits of Web Authorizations



+ Benefits of Web Authorization

Did you know that most providers are already saving time submitting prior authorization requests online?

We have been listening to you and have incorporated a number of enhancements that will streamline your online experience, allowing you to go from request to approval faster!

Go to www.EviCore.com and click “Register” to begin initiating authorizations online today!

1

Save time!

Web authorization requests take 3 minutes on average. Phone authorization requests take 12 minutes on average.

2

24/7 access!

You can access the web authorization service at any time, on any day. Phone authorizations have to be requested during business hours.

3

Save your progress!

Need to step away? Need to obtain additional information? Save your authorization request progress and come back to it.

4

View and print authorization information!

Approval details and the approval number are easily available online, and can be printed at your convenience.

5

Other online features

Features include the ability to access clinical criteria, check member eligibility, upload additional clinical information and schedule Clinical Consultations.

EviCore Portal Registration

Getting Started

Go to www.EviCore.Com

Login with your existing User Name and Password, or click [Register Now](#) to sign up for a new account.

EviCore.com is compatible with the following web browsers:

- + [Microsoft Edge](#)
- + [Google Chrome](#)
- + [Mozilla Firefox](#)

Portal Login

Forgot User ID?

User ID

Forgot Password?

Password

☐ I agree to HIPAA Disclosure

☐ Remember User ID

LOGIN

Don't have an account? [Register Now](#)

Select Default Portal and Account Type

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:

1

Medsolutions

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:

3

TestPac1

Address*:

730 Cool Springs Blvd

Suite 800

Phone*:

999-999-9999

Email*:

testpac@provider.com

Ext:

Confirm Email*:

testpac@provider.com

City*:

Franklin

Fax*:

888-888-8888

First Name*:

Test

State*:

Select

Zip*:

37067

Last Name*:

PAC

Office Name:

Provider Information

Account Type:*

2

Facility

Please Select the Facility that you represent. A notification will be sent to the organization regarding this registration

Facility Name*:

4

Test PAC

Street Address:

Zip Code:

Tax ID*:

352352222

Individual NPI*:

1237894561

FIND

1. Select Medsolutions as the Default Portal.
2. Facility as the Account Type.
3. Complete User Information
4. Complete the first 3 letters of Facility Name, TIN, and NPI.

User Registration Successful



Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password
Password must be at least 8 characters long and contain the following:

- ✓ Uppercase Letters
- ✓ Lowercase Letters
- ✓ Numbers
- ✓ Characters (e.g., !#*)

[Web Support 800-646-0418](#)
[Legal Disclaimer](#) | [Privacy Policy](#) | [Terms Of Use](#) | [Site Specific Terms](#) | [Corporate Website](#) | [Report Fraud & Abuse](#) | [Guidelines and Forms](#) | [Contact Us](#)

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Option Tool



- + The **Options Tool** allows you to access your Account Settings to update information:
 - Change password
 - Update user account information (address, phone number, etc.)
 - Set up preferred Tax ID numbers of Facilities and view a summary of cases for providers with affiliated Tax ID numbers

Option Tool - Preferences

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Preferences

Please set up Preferred Provider Tax IDs for your account. You can search and add a Physician or Facility Tax ID. Adding preferred tax id would allow you to view the summary of cases submitted for these provider Tax IDs. The Case Summary can be viewed via Case Lookup, Patient History and Recently Submitted grids. It also allows you to view the Claims details of your preferred Facilities.

☐ Physician

☒ Facility 1

Tax ID*

Add

Preferred Tax Ids on my account

Tax ID	Provider Type
123456789	Facility ✖

Before proceeding, you must confirm that you are authorized to access Protected Health Information (PHI) as defined under the Health Insurance Portability and Accountability Act on behalf of the Tax ID/s added.

You must also agree to limit your access to the minimum amount of information necessary to perform a permitted treatment or other health care operations activity.

In the event you obtain access to information that you are not authorized to view, please notify eviCore immediately.

Failure to comply with these terms may result in immediate termination of you and your organization's access to eviCore' website.

Privacy Breaches: Be very careful to check the ordering physician's full name, their specialty and the last four digits of their TIN or NPI before selecting them in this system. By sending patients' Protected Health Information (PHI) to physicians who are not the ordering physicians, you may be in violation of HIPAA Privacy regulations.

☒ * I hereby agree that I have read and understood the above message 2

Save

Cancel

+ Adding **Preferred Tax ID numbers** will allow you to view the summary of cases submitted for those providers:

1. Search for a Tax ID by clicking **Physician** or **Facility**.
2. Confirm you are authorized to access PHI by clicking the check box and hit Save.

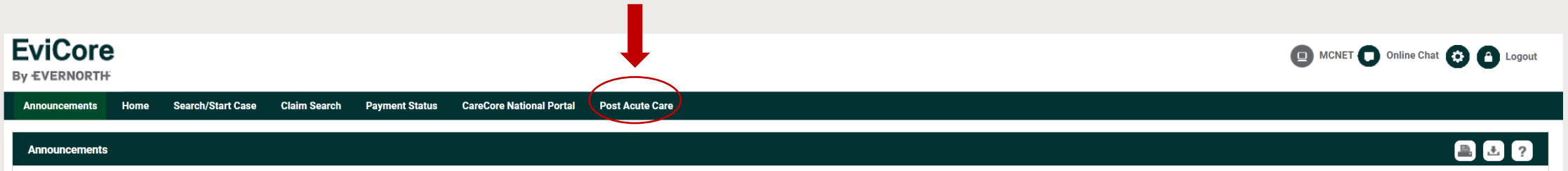
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Announcements



Once you have logged in to the site, you will be directed to the main landing or Announcement page.

**** Make sure to choose Post Acute Care ****

Initial Case Creation

Initiate Case Process

To initiate a new case for PAC authorization. On the Post Acute Care tab, you will start with **Member/Case Look Up**.

Insurer*

Date of Birth*

Member ID:

or

First Name:

Last Name:

Reset

Search

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID

Auth Number

Search

Choose the appropriate Health plan

To conduct a **Patient Lookup**, enter the *Member ID* or *First Name, Last Name*, and *Date of Birth* for the result to be returned.

Click the SEARCH button

Urgent cases:

- You will not be able to indicate that a case is urgent via the portal.
- Call EviCore to initiate an urgent request.

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MCNET Online Chat Logout

Announcements Home Search Start Case Claim Search Payment Status CareCore National Portal Post Acute Care

Announcements Home Member / Case Look Up

PATIENT & CASE LOOKUP

Patient Search Result(s)

Patient Lookup

Insurer*
Date of Birth*

Member ID:

First Name:

Last Name:

Reset Search

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number

Search

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Once you choose your member, the member's name and demographics will be listed with the insurance effective dates. Click the **Create Case** button.

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Create a Case – Enter Service Details

- 1. Choose a **Service Category** from the **drop-down box**, such as Skilled Nursing Facility, Inpatient Rehab Facility, or Long-term Acute Care.
- 2. Enter the **ICD10 Code**. If you do not know the ICD10 code, type the name of the diagnosis, and a list with a corresponding ICD10 code will populate.
- 3. Enter the **PAC Start of Care Date and Expected Acute Care (or Hospital) Discharge Date**. Review the information again to make sure that you have completed all of the service details correctly. To save the service details, click the **"Save & Next"** button

Announcements

Home

Search/Start Case

Claim Search

CareCore National Portal

Post Acute Care

Announcements

Home

Member / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:

Date of Birth:

12/16/1955

Member ID:

1122334402

First Name:

Last Name:

Reset

Search

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID

Auth Number

Search

SERVICE DETAILS

Member

Insurer:

Member ID:

Health Plan/Program:

First Name:

Last Name:

Date of Birth:

Gender:

Service Selection

Service Category

Select Category :*

Skilled Nursing Facility

Code	Description	Bill Code	Rev Code
SNF	Skilled Nursing Facility		190

ICD10 Code

ICD10 Code Unknown

Search:

Code	Description
S92.152S	Displaced avulsion fracture (chip fracture) of left talus, sequela

Service Dates

Start Date of Care:*

Expected Acute Discharge Date:*

Save & Next

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Create a Case – Ordering Physician

- 1. Enter the **Ordering Physician** details. If you do not know the NPI number, start typing the provider name, and the corresponding NPI number will auto-populate and allow you to select the correct provider. To save the provider details, click the **"Save & Next"** button

Announcements

Home

Search/Start Case

Claim Search

CareCore National Portal

Post Acute Care

Announcements

Home

Member / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:

Date of Birth:

12/16/1955

Member ID:

1122334402

or

First Name:

Last Name:

Reset

Search

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

☒ Case ID

☐ Auth Number

Search

SERVICE DETAILS

Member

Insurer:-----Member ID: 1122334402Health Plan/Program: 41H

First Name: TESTLast Name: MEMBERDate of Birth: 12/16/1955Gender: MALE

Service Selection

Service Category : Skilled Nursing FacilityICD10 Code : S92.152S

Start Date of Care : 05/06/2025Expected Acute Discharge Date : 05/06/2025

Ordering Physician

Ordering Physician

Search:

1

NPI

Physician Name

1237894562

TEST PHYSICIAN

Save & Next

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Create a Case – Requesting and Servicing Provider

Enter the **Requesting Provider** and **Servicing Provider** details. If you do not know the NPI number, start typing the provider name, and the corresponding NPI number will auto-populate and allow you to select the correct provider. To save the provider details, click the **"Save & Next"** button

Announcements

Home

Search/Start Case

Claim Search

CareCore National Portal

Post Acute Care

Announcements

Home

Member / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:

Date of Birth:

12/16/1955

Member ID:

1122334402

First Name:

Last Name:

Reset

Search

* Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID

Auth Number

Search

SERVICE DETAILS

Member

Insurer:

Member ID:

1122334402

Health Plan/Program:

41H

First Name:

TEST

Last Name:

MEMBER

Date of Birth:

12/16/1955

Gender:

MALE

Service Selection

Service Category :

Skilled Nursing Facility

ICD10 Code :

S92.152S

Start Date of Care :

05/06/2025

Expected Acute Discharge Date :

05/06/2025

Ordering Physician

Physician Name :

TEST PHYSICIAN

NPI :

1237894562

Provider Information

Requesting Provider

Search:

Select Facility Type :

Provider Name	Address	Network ID	Tax ID	NPI	Phone	Fax
TEST HOSPITAL	123 EVICORE WAY		147258741	1471237890		

Phone:

999-999-9999

Fax:

888-888-8888

Servicing Provider

☐ Servicing Provider Unknown

Search:

Provider Name	Address	Network ID	Tax ID	NPI	Phone	Fax
TEST SERVICING PROVIDER	123 EVICORE WAY		352352222	1237894561	1112223333	

Save & Next

Check this box if Servicing Provider is not yet known for post-acute care providers.

Create a Case – Verify Details

The next screen will show all details related to the service line. This will allow you to review and edit by clicking the “pencil” icon. Click the **Save Service** button to move forward.

Announcements

Home

Search/Start Case

Claim Search

CareCore National Portal

Post Acute Care

Announcements

Home

Member / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:

Date of Birth:

12/16/1955

Member ID:

1122334402

or

First Name:

Last Name:

Reset

Search

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID

Auth Number

Search

SERVICE DETAILS

Member

Insurer:

Member ID:

1122334402

Health Plan/Program:

41H

First Name:

TEST

Last Name:

MEMBER

Date of Birth:

12/16/1955

Gender:

MALE

Service Selection

Service Category :

Skilled Nursing Facility

ICD10 Code :

S92.152S

Start Date of Care :

05/06/2025

Expected Acute Discharge Date :

05/06/2025

Ordering Physician

Physician Name :

TEST PHYSICIAN

NPI :

1237894562

Provider Information

Requesting Provider Name :

TEST HOSPITAL

Servicing Provider Name :

TEST SERVICING PROVIDER

Save Service

Create a Case – Upload Clinicals

Attach the required clinical documents. Here you will be able to enter additional notes by typing in the **Clinical Notes text box**.

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Announcements

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Member / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:^{*}

Date of Birth:^{*}

12/16/1955

Member ID:

1122334402

or

First Name:

Last Name:

Reset

Search

* Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

☒ Case ID

☐ Auth Number

Search

CASE DETAIL

Member

Insurer:

Member ID:

 1122334402

Health Plan/Program:

 41H

First Name:

 TEST

Last Name:

 MEMBER

Date of Birth:

 12/16/1955

Gender:

 MALE

Services

Total Services: 1

Action

Referral ID

Service Requested

Auth Number

Submit Date

Decision Status

Start of Care Date

Authorization End Date

ICD Codes

ICD Verison

Edit

0

SNF

5/1/2025

5/6/2025

Not Provided

S92.152S

10

1 - 1 of 1 items

Notes & Attachments

Attachments

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

Please upload the following applicable documentation: eviCore prior authorization form, Face Sheet, PMH, H&P, Diagnostic test, Labs results , Consult, Therapy notes, Discharge summary, Medication list, Notes

File Name

Browse

Clinical Notes

Note Text

Maximum Character limit on each note is 1000.

Use this clinical notes text box for clinical information ONLY– e.g. anything that is extenuating or important to the determination. Please do NOT copy and paste information here. All clinical notes should be attached instead.

Save

Submit

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Create a Case – Submit Case

Once you **Save** and **Submit**, you will get a pop-up message which will verify your Case has been submitted to EviCore for review and authorization determination.

AnnouncementsHomeSearch/Start CaseClaim SearchCareCore National PortalPost Acute Care

AnnouncementsHomeMember / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:

Date of Birth:

12/16/1955

Member ID:

1122334402

or

First Name:

Last Name:

Reset

Search

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case IDAuth Number

Search

CASE DETAIL

Member

Insurer:

Member ID: 1122334402

Health Plan/Program: 41H

First Name: TEST

Last Name: MEMBER

Date of Birth: 12/16/1955

Gender: MALE

Services

Total Services: 1

Action	Referral ID	Service Requested	Auth Number	Submit Date	Decision Status	Start of Care Date	Authorization End Date	ICD Codes	ICD Verison
Edit	0	SNF		5/1/2025		5/6/2025	Not Provided	S92.152S	10

1 - 1 of 1 items

Notes & Attachments

Attachments

Warning: Please be sure and review that the attachments or notes a

Please upload the following applicable documentation: eviCore prio

File Name

Clinical Notes

Note Text

Maximum Character limit on each note is 1000.

☒ I acknowledge that this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests. Clinical urgency is defined by the following:

1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

2. In the opinion of a provider, with knowledge of the member's medical condition, indicates a delay in care would subject the member to sever pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

☒ I also further acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Please ensure that both fields have been checked as you will not be able to proceed to the clinical collection (pathway) process.

Print

Cancel

Submit Case

Case submitted successfully.

OK

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By EVERNORTH

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This presentation contains CONFIDENTIAL and PROPRIETARY information.

Searching a Submitted Request

Search Case Status

Once a request has been submitted, the member will show up on the user's HOME tab. If you have recently submitted a case, it is important to choose **“Refresh Data”** for both pending and recently submitted cases. To review case details, double-click on the case.

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MCNET

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*Cases in RED font require Provider action

Pending Cases for the last 7 days

REFRESH
OFTEN

Clear Filters

Refresh Data

Save Preference

Requested	ServiceType	Servicing Provider	Decision Status	Authorization Number	Start Date Of Care	Authorization End Date
No items to display						

Recently Submitted Cases

Start Date : 12/26/2024

End Date : 03/26/2025

Clear Filters

Refresh Data

Save Preference

☐ Only My Portal Cases

Upload	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	ServiceType	Servicing Provider	Decision Status	Authorization Number	Start Date Of Care	Authorization End Date
	197646		LNAME FNAME	06/19/1933	SNF		Test SNF	ACTIVE		03/31/2025	

- Pending Cases:
- Save case information and complete case at a later time.
 - Submit additional clinical to a pending case after submission.

Checking this box will only show cases submitted through the portal by the user. To see all cases for a facility(s), uncheck

Search Case Status – Decision Status Descriptions

Once a request has been submitted, the member will show up on the user’s HOME tab. If you have recently submitted a case, it is important to choose “Refresh Data” for both pending and recently submitted cases.

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*Cases in RED font require Provider action

Pending Cases for the last 7 days

Clear Filters

Refresh Data

Save Preference

Upload	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	ServiceType	Servicing Provider	Decision Status	Authorization Number	Start Date Of Care	Authorization End Date
	0		MMAI MEMBER	06/04/1945	LTAC			Incomplete Case Build		05/07/2025	

1 - 1 of 1 items

Recently Submitted Cases

Start Date : 12/26/2024

End Date : 03/26/2025

Clear Filters

Refresh Data

Save Preference

Only My Portal Cases

Upload	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	ServiceType	Servicing Provider	Decision Status	Authorization Number	Start Date Of Care	Authorization End Date
	197646	Johns Hopkins Healthcare	LNAME FNAME	06/19/1933	SNF		ABC SKILLED REHAB	ACTIVE		03/31/2025	

1 - 1 of 1 items

Cases in RED require additional Provider action

“Recently Submitted Cases” section:

Active – Actively working the case and no decision has been made

Authorized – Authorization is complete and approved. If the case is marked in RED, additional clinical is needed for concurrent review

Denied – Request has been denied

Pending – EviCore requires additional review

Search Case – Case Lookup – Active

When you open the case, you will see additional Authorization details and Decision Status. Make a note of the Case ID, authorization number if applicable, authorization expiration date, and total quantity approved. Decision letters are posted under the “Additional Documents” tab.

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Member / Case Look Up

Case Summary - Not Provided

CASE SUMMARY

Case/Authorization

Case ID: 197646

Rev Code: 191

Decision Date: Not Provided

Ordering Physician: ORDERING PHYSICIAN NOT PROVIDED

Denial Rationale: N/A

Authorization Number: Not Provided

Start of Care Date: 03/31/2025

Decision Status: ACTIVE

Service Requested: SNF

Authorization Expiration Date: Not Provided

Post Acute Care Facility Discharge Date: Not Provided

Bill Code: Not Provided

Total Quantity: Not Provided

Expected Acute Discharge Date: 03/31/2025

Patient

First Name: LNAME

Last Name: FNAME

Date of Birth: 06/19/1933

Address: 123 STREET , CITY, MD, 21102

Phone: 1112223333

Member Plan ID: 100002914

Requesting Provider

Name: ABC HOSPITAL

Address: 5401 OLD COURT RD RANDALLSTOWN MD 21133

Phone : 999-999-9999

Fax : 888-888-8888

Tax ID: 521372665

Servicing Provider

Name: ABC SKILLED REHAB

Address: 7355 FURNACE BRANCH RD , GLEN BURNIE, MD, 21060

Phone: Not Provided

Fax: Not Provided

Tax ID: 201418557

NPI: 1922129501

ICD Codes

ICD Code: S92.151S

ICD Code Version: 10

Additional Documents

File Name

EviCore

By EVERNORTH

Concurrent Review Process

Concurrent Review Process

Return to the Home screen. Under “Recently Submitted Cases”, locate the patient whom you would like to upload clinicals. Select the “Upload” link, attach the clinical record, select “Open”, and the file will be uploaded to the patient’s EviCore chart in real time.

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Member / Case Look Up

Cases in RED font require Provider action

Pending Cases for the last 7 days

Clear Filters

Refresh Data

Save Preference

Upload

Case Number

Insurer Name

Patient Name

Date Of Birth

Service Requested

ServiceType

Servicing Provider

Decision Status

Authorization Number

Start Date Of Care

Authorization End Date

No items to display

Recently Submitted Cases

Start Date : 12/26/2024

Upload

Case Num

294224

294354

294409

294467

293704

Upload

Upload

Upload

Documents library

PORTAL DOCUMENTS

EVICORE TEST PATIENT CLINICAL DOCUMENTS 0318

Warning message if attachment is too large. Limit of 5MB/5000KB

myevicoreportalqa.us.medsolutions.com says
Attachment size exceeds the allowable limit of 5MB

OK

myevicoreportalstg.us.medsolutions.com says
File Uploaded Successfully

OK

EviCore Provider Portal Support

**For EviCore portal account questions -
contact a Portal Support Specialist**



Call: 800.646.0418 (option 2)



Email: portal.support@EviCore.com

Portal Support Services: Available Monday through Friday, 8:00 a.m. – 7:00 p.m. EST

Thank You